

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>3</i>	<i>06-28-01</i>
O.I.P.E. CLASSIFIER	<i>S.A</i>	<i>1080</i>	<i>08/17/01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>6-19-01</i>
2	<i>12-11-01</i>
3	<i>6-28-01</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*749*  
*1/18/01*